



King County
Department of Permitting
and Environmental Review
35030 SE Douglas Street, Suite 210
Snoqualmie, WA 98065-9266
206-296-6600 TTY Relay: 711
www.kingcounty.gov

Web date: 02/27/2013

UNINCORPORATED KING COUNTY
License Application
Public Entertainment / Public Dance

For alternate formats, call 206-296-6600.

Application for businesses in **unincorporated** King County only

APPLICATION FOR:

- | | |
|--------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Public Entertainment-1 yr. (\$200) | <input type="checkbox"/> Public Dance-1 yr. (\$200) |
| <input type="checkbox"/> Public Entertainment-6 mo. (\$100) | <input type="checkbox"/> Public Dance-6 mo. (\$100) |
| <input type="checkbox"/> Public Entertainment-1 night (\$50) | <input type="checkbox"/> Public Dance-1 night (\$50) |

(Send or bring application and fee to the Department of Permitting at the address above.
Make checks payable to King County Office of Finance.)

Check one: ☐ New ☐ Renewal

Name of business _____

Phone _____

Business address _____

Mailing address _____

Applicant _____
Name Date of Birth

Home address _____

Own, rent, or lease business premises? _____

If not the owner, list owner _____

Do you own the business for which you seek this license? ☐ Yes ☐ No

If no, relation to business _____

Please describe in detail the nature of the business:

Check the appropriate box:

☐ Sole-ownership ☐ Partnership ☐ Corporation Name _____

Please provide name, place of birth, and date of birth for owners, partners or officers:

1. _____
Name: First Middle Last

Office Use Only

Fee: \$ _____ ☐ check ☐ cash

Late Fee _____

Date Paid _____

Receipt # _____

License # _____

Expiration _____

Date Issued _____

Date of Birth	Place of Birth	Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas
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2.

Name: First	Middle	Last
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Date of Birth	Place of Birth	Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas
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3.

Name: First	Middle	Last
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Date of Birth	Place of Birth	Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas
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4.

Name: First	Middle	Last
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Date of Birth	Place of Birth	Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas
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Name, address & date of birth of any other applicant who will share in the profit/loss of this business:

Name	Address	Date of Birth
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Name	Address	Date of Birth
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Has the applicant or any other individual who will share in the profit/loss of this business been previously licensed by King County under this or any other name? ☐ Yes ☐ No

Name/Year/Location: _____

List all arrests and convictions of applicant, owner, partners and/or officers:

Name	Charge	Date	Place	Disposition

I, _____, being first duly sworn on oath, state that I am the above named applicant or the authorized representative of the firm, partnership, or corporation making the application for a King County _____ license, and I declare under penalties of perjury and/or revocation of any license granted, that the answers contained in the application and any accompanying information have been examined by me and that the matters and things set forth are true, correct, and completed. I further swear under penalty of perjury and/or revocation of any license granted that this business is in compliance with all applicable state and local laws governing the operation of this business. I further understand that there are no refunds of the license fee and that falsifications or omissions on the applications are grounds for the denial, suspension, or revocation of the license applied for.

Applicant's signature

Subscribed and sworn to before me on _____ by _____

Signature, Notary Public in and for the State of Washington

My appointment expires: _____

Check out the Department of Permitting Web site at www.kingcounty.gov/permits